

DEPARTMENT OF HEALTH

NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Health, pursuant to the authority set forth under § 302(14) of the D.C. Health Occupations Revision Act of 1985, effective March 15, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)), and Mayor's Order 98-140, dated August 20, 1998, hereby gives notice of his intent to take final rulemaking action to adopt the following amendments to Chapter 75 of Title 17 of the District of Columbia Municipal Regulations (DCMR) in not less than thirty (30) days from the date of publication of this notice in the D.C. Register. The purpose of these amendments is to clarify all of the requirements necessary to acquire and maintain the accreditation of a licensed practical and registering nursing program.

Chapter 56 (Nursing Schools) of Title 17 DCMR (Business, Occupations & Professions) (May 1990) is amended in its entirety to read as follows:

5600 ACCREDITATION OF NURSING PROGRAMS

5600.1 A nursing school shall not operate a nursing program in the District of Columbia without accreditation by the Board of Nursing (Board). This chapter sets forth the requirements and standards that a program in the District must meet to obtain accreditation by the Board, and the standards and procedures by which the Board shall accredit, deny, or withdraw accreditation from a program.

5600.2 The accreditation status of a program in the District may be initial, full, or conditional. The nursing school shall publicize the accreditation status of the program.

5600.3 Chapters 40 (General Rules), Chapter 41 (Administrative Procedures), Chapter 54 (Registered Nursing), Chapter 55 (Practical Nursing), Chapter 57 (Certified Registered Nurse-Anesthetists), Chapter 58 (Nurse-Midwives), Chapter 59 (Nurse-Practitioners), and Chapter 60 (Clinical Nurse Specialist) of this title supplement this chapter.

5601 INITIAL ACCREDITATION

5601.1 A nursing school desiring initial accreditation of a nursing program shall submit to the Board the following information and pay the required review fee:

(a) A statement of intent to establish a basic program or advanced practice program; and

(b) A proposal which includes the following information:

(1) Documentation of the present and future need for the program and the

need for entry-level nurses in the District;

- (2) The rationale for establishment of the program;
- (3) The potential effect on other nursing programs in the area;
- (4) The organizational structure of the educational institution documenting the relationship of the program within the institution;
- (5) The accreditation status of the controlling institution;
- (6) The purpose, mission, and level of the program;
- (7) The availability of qualified administrators and faculty pursuant to the qualifications established under this chapter;
- (8) Hiring procedures for ensuring administrators and faculty will meet the requirements of this chapter;
- (9) Budgeted faculty positions;
- (10) The source and description of adequate clinical resources for the level of the program;
- (11) Documentation of adequate academic facilities and staff to support the program;
- (12) Evidence of financial resources adequate for the planning, implementation, and continuation of the program;
- (13) The anticipated student population;
- (14) The tentative time schedule for planning and initiating the program;
- (15) Admissions criteria and procedures;
- (16) Graduation criteria and procedures;
- (17) A curriculum plan including conceptual framework, program objectives, course objectives, and clinical objectives; and
- (18) A systemic plan for evaluation of the program.

5601.2

The Board shall approve or disapprove the proposal within one hundred and eighty (180) days from the date of receipt of the final proposal.

- 5601.3 If the Board disapproves the proposal, the nursing school may reapply pursuant to § 5601.1.
- 5601.4 If the Board approves the proposal, the nursing school may submit to the Board an application for initial accreditation after the following conditions have been met:
- (a) A nurse administrator or program coordinator, as applicable, meeting the educational and experiential requirements of this chapter for the program level has been appointed; or
 - (b) The nursing school has provided documentation that the nurse administrator or program coordinator has a substantially equivalent education or experience; or
 - (c) The nursing school can provide a rationale to the Board for acceptance of other than the minimum required graduate credentials.
 - (d) There are sufficient faculty meeting the requirements of this chapter for the program level to initiate the program;
 - (e) The nursing school has submitted to the Board a description of each faculty member including credentials; and
 - (f) A site visit has been conducted by the Board, or if applicable, a joint site visit has been conducted by the Board and the Education Licensure Commission.
- 5601.5 Following Board review of the application for initial accreditation of the proposed program, the Board may grant or deny initial accreditation, or may grant conditional accreditation. The Board shall issue a letter indicating its decision within a reasonable time, not to exceed one hundred eighty (180) days from the date of the receipt of the application.
- 5601.6 The Board may grant initial accreditation to a newly established program upon receipt of evidence that the standards and requirements of this chapter are being met.
- 5601.7 Following initial accreditation by the Board, the program shall submit progress reports to the Board as requested.
- 5601.8 Initial accreditation status shall remain in effect until two (2) National Council Licensure Examination (NCLEX) reporting quarters have passed from the graduation date of the program's first graduating class, unless otherwise withdrawn by the Board.

5602 DENIAL OF INITIAL ACCREDITATION

5602.1 The Board may deny initial accreditation for any of the following reasons when it determines that a program will be unable to meet the standards of this chapter:

- (a) The Board has determined that a program has not met, maintained or will be unable to meet or maintain the requirements and standards of this chapter;
- (b) Failure to hire a nurse administrator who meets the qualifications of this chapter;
- (c) Failure to hire faculty who meet the qualifications of this chapter;
- (d) Noncompliance with the school's stated philosophy, program design, objectives or outcomes, or policies;
- (e) Failure to implement the approved curriculum;
- (f) Failure to maintain the required NCLEX pass rate for first-time test takers, if applicable;
- (g) Failure to submit records and reports to the Board in a timely manner;
- (h) Noncompliance with any of the regulations in this chapter; or
- (i) Other activities or situations, as determined by the Board, that indicate a program is not meeting the legal requirements and standards of this chapter.

5602.2 The Board shall promptly issue a denial letter to the nursing school notifying it of the Board's decision.

5602.3 If initial accreditation is denied, the nursing school may request a hearing before the Board within twenty (20) days from receipt of the denial letter.

5603 FULL ACCREDITATION OF BASIC PRELICENSURE PROGRAMS

5603.1 Before being granted full accreditation a nursing school shall submit a self-evaluation report of compliance with the provisions of this chapter following the graduation of its first class.

5603.2 The Board may recommend a site visit in conjunction with ELC for consideration of full accreditation of a program.

5603.3 The Board may grant full accreditation to a program after the graduation of its

first class if:

- (a) The percentage of the program's first time NCLEX test takers passing the exam is not more than five percent (5%) below the national norm. The passing percentage shall be based on the cumulative results of the first two (2) quarters following graduation of the first class; and
- (b) The program has demonstrated continued ability to meet the standards and requirements of this chapter.

5603.4 Before granting full accreditation of a program, the Board shall review the program's annual report and survey reports for granting accreditation or continued accreditation of programs.

5603.5 The Board may recommend deadlines for submission of materials and survey materials.

5603.6 The Board shall annually review the NCLEX performance of first time test takers from each program.

5603.7 In order to maintain full accreditation status, a program with full accreditation shall maintain:

- (a) All the standards and requirements of this chapter, as they may be amended or republished from time to time;
- (b) A minimum pass rate, for first time test takers on the NCLEX, of not more than five percent (5%) below the national norm, based on the cumulative results of the four (4) quarters in each year; and
- (c) Accreditation with NLNAC, CCNE, or other accrediting bodies approved by the Board.

5603.8 Full accreditation status shall be renewed annually. Each program having full Board accreditation, shall apply for renewal of accreditation not less than sixty (60) days prior to the date of expiration by submitting the following to the Board:

- (a) A written annual report on forms provided by the Board; and
- (b) Payment of the required renewal fee.

5603.9 At the Board's discretion, the Board may designate persons to perform announced or unannounced on-site visits to a nursing school.

5603.10 Nursing programs that are currently accredited by the Board as of the effective date of these regulations, shall have twelve (12) months from the effective date to

come into compliance with these regulations.

5603.11 The Board may, at its discretion, grant an extension of the twelve (12) month period.

5603.12 An extension shall not be granted in cases where the Board determines that the program has not made reasonable efforts to comply with the regulations.

5604 FULL ACCREDITATION OF ADVANCED PRACTICE NURSING EDUCATION PROGRAMS

5604.1 Following graduation of its first class, a program shall submit to the Board a self-evaluation report of compliance with the provisions of this chapter. The Board may recommend a survey visit for consideration of full accreditation of a program.

5604.2 The Board may grant full accreditation to a program after the graduation of its first class if:

- (a) The program has submitted proof to the Board of current accreditation by a national accrediting body approved by the Board; and
- (b) The program has demonstrated continued ability to meet the standards and requirements of this chapter.

5604.3 Before granting full accreditation of a program, the Board shall review the application materials and survey reports for granting accreditation of advanced practice nursing education programs.

5604.4 The Board may recommend deadlines for submission of materials and survey materials.

5604.5 In order to maintain full accreditation status, a program with full accreditation status shall maintain:

- (a) All the standards and requirements of this chapter, as they may be amended or republished from time to time; and
- (b) Accreditation with NLNAC, CCNE, or other accrediting bodies approved by the Board.

5604.6 Each program's coordinator shall submit a written annual report to the Board on forms provided by the Board, and pay the required review fee.

5604.7 The Board may designate persons to perform announced or unannounced on-site visits to a nursing school.

5604.8 Nursing programs that are currently accredited by the Board as of the effective date of these regulations, shall have twelve (12) months from the effective date to come into compliance with these regulations.

(a) The Board may, at its discretion, grant an extension of the twelve (12) month period.

(b) An extension shall not be granted in cases where the Board determines that a program has not made reasonable efforts to comply with the regulations.

5605 CONDITIONAL ACCREDITATION

5605.1 The Board may place a nursing program that has failed to meet or maintain the requirements and standards of this chapter on conditional accreditation status.

5605.2 Conditional accreditation status denotes that certain conditions must be met within a designated time period for the program to be granted or restored to full accreditation.

5605.3 The Board may determine the length of time to be allotted, not to exceed two (2) years, for the correction of the deficiencies identified by the Board and to bring the program into compliance with the requirements and standards of this chapter.

5605.4 When the Board determines that a program is substantially out of compliance with the requirements and standards of this chapter, the Board may, in its discretion, prohibit a program that has conditional accreditation status from admitting new students until the program has been restored to full accreditation status. The program shall be given notice and an opportunity for a hearing prior to the Board implementing a prohibition against the admittance of new students.

5605.5 Under conditional accreditation status, the program may continue to operate while correcting the identified deficiencies and working toward meeting the conditions for full accreditation.

5605.6 Students who graduate from conditionally accredited programs shall be eligible to take the NCLEX in the District, and upon passing the examination, become licensed in the District.

5605.7 If the program fails to meet the specified conditions within the designated time period, the Board may withdraw accreditation and the program shall be removed from the Board's list of accredited programs.

5605.8 The Board shall maintain a list of the programs that are accredited by the Board. The list shall be maintained current on the Department's Internet website. The list

shall also be compiled and published annually and available to the public upon request. The Board may charge a fee for distribution.

**5606 WITHDRAWAL OF ACCREDITATION OR REDUCTION TO
CONDITIONAL STATUS**

5606.1 The first year that the percentage of a program's first time NCLEX test takers passing the exam is more than five percent (5%) below the national norm:

- (a) The Board shall send written notice to the program of the following:
 - (1) The program has failed to meet the requirements and standards of this chapter;
 - (2) The program may, at the Board's discretion, be placed on conditional accreditation status; and
 - (3) The Board or its designee may perform an announced or unannounced on-site visit to the facility and provide a report to the Board.
- (b) The program's nurse administrator shall submit to the Board, within thirty (30) calendar days, from receipt of the Board's letter the following:
 - (1) A report that identifies the factors believed to have contributed to the unacceptable performance; and
 - (2) An action plan to correct the deficiencies, to be approved by the Board.

5606.2 The second successive year that the percentage of a program's first time NCLEX test takers passing the exam is not more than five percent (5%) below the national norm, or the first year that the percentage is more than fifteen percent (15%) below the national norm:

- (a) The Board shall send written notice to the program of the following:
 - (1) The program has failed to meet the requirements and standards of this chapter;
 - (2) The program shall be placed on conditional accreditation status;
 - (3) The Board or its designee may perform an announced or unannounced on-site visit to the facility and provide a report to the Board; and
 - (4) The Board shall provide the program with a list of the deficiencies that must be corrected and designate a time period for the correction of the

deficiencies.

(b) The program's nurse administrator shall submit to the Board, within a time period specified by the board, from receipt of the Board's letter the following:

- (1) A report analyzing all aspects of the education program and identifying areas believed to be contributing to the unacceptable performance;
- (2) An action plan to correct the deficiencies, to be approved by the Board;
or
- (3) Proof that the program has obtained the services of an outside consultant, to be approved by the Board.

5606.3 The NCLEX pass rate requirements of this chapter shall not apply to advanced practice nursing education programs.

5606.4 The Board may withdraw accreditation or reduce a program to conditional accreditation, at its discretion, for any of the following reasons:

- (a) The Board has determined that a program has not met, maintained or will be unable to meet or maintain the requirements and standards of this chapter;
- (b) The nursing program has failed to correct the deficiencies identified by the Board within the allotted time period;
- (c) Failure to hire a nurse administrator who meets the qualifications of this chapter;
- (d) Failure to hire faculty who meet the qualifications of this chapter;
- (e) Noncompliance with the school's stated philosophy, program design, objectives or outcomes, or policies;
- (f) Failure to implement the approved curriculum;
- (g) Failure to maintain the required NCLEX pass rate for first-time test takers;
- (h) Failure to maintain NLNAC accreditation, CCNE accreditation, or accreditation by other accrediting bodies approved by the Board;
- (i) Failure to submit records and reports to the Board in a timely manner;
- (j) Noncompliance with any of the regulations in this chapter; and

- (k) Other activities or situations, as determined by the Board, that indicate a program is not meeting the legal requirements and standards of this chapter.

5606.5 If the Board reduces a program to conditional accreditation status, the Board shall:

- (a) Notify the program that it has been reduced to conditional accreditation status and the reasons for the decision;
- (b) Provide the program with a list of the deficiencies that must be corrected in order to achieve full accreditation status;
- (c) Designate a time period, not to exceed two (2) years, for the correction of the deficiencies;
- (d) Notify the program that if the identified deficiencies are not corrected within the designated time period, the Board may withdraw accreditation of the program; and
- (e) Re-designate the accreditation status of the program on the Board's Internet website and annual publication list.

5606.6 Before the Board may withdraw accreditation of a program the Board shall:

- (a) Issue a Notice of Intended Action to the program notifying the program that:
 - (1) The Board intends to withdraw accreditation of the program and the reasons for the action; and
 - (2) The program has a right to a hearing;
- (b) Issue public notice that the Board intends to withdraw accreditation of the program. The notice shall be:
 - (1) Sent to the Education Licensure Commission; and
 - (2) Issued to the public in a manner, as determined by the Board, to provide adequate notice to the individuals that have an interest in the intended action; and
- (c) Ensure that the program provides its current student population and applicants with immediate notice of the Board's intended action, which shall include mailings and public postings on the premises.

5606.7 If requested by any student, the program shall provide its current student population with assistance for transferring to another nursing program.

- 5606.8 After the Board has withdrawn accreditation of a program, the Board shall provide notice of the withdrawal to the Education Licensure Commission and the program shall not be permitted to operate a nursing education program in the District.
- 5606.9 The Board may designate persons to conduct an unannounced visit to the facility to ensure that the program has not continued to operate the nursing program or admit students after the effective date of the accreditation withdrawal.
- 5606.10 The effective date of the withdrawal of accreditation shall be the date the Board renders a final decision and the Board shall immediately issue public notice of the withdrawal of accreditation. The Board may, at its discretion, postpone the effective date of the withdrawal of accreditation until the end of a current semester, when it determines such to be in the best interests of the program's graduating class or students.
- 5606.11 If the program appeals the Board's decision to the District of Columbia Court of Appeals, the effective date of the withdrawal of accreditation shall not be changed unless changed pursuant to an Order of the Court of Appeals.
- 5606.12 Students enrolled in the program prior to, or up to, the effective date of the withdrawal of accreditation shall be allowed to transfer to another District of Columbia nursing program.
- 5606.13 The program shall provide its current student population with information and assistance for transferring to another nursing program.
- 5606.14 Within thirty (30) days after receipt of notice that accreditation has been withdrawn, the nurse administrator or owner of the program shall submit to the Board a written plan for termination of the program. The plan shall include:
- (a) A plan for the transfer of students to other approved programs within a timeframe established by the Board; and
 - (b) A plan outlining the arrangements made for storage of the permanent records of the students, graduates, and faculty; and where and how they may be obtained.
- 5606.15 Students graduating from the program prior to, or up to, the effective date of the withdrawal of accreditation shall be allowed to sit for the NCLEX in the District of Columbia and upon passing, be licensed in the District of Columbia.
- 5606.16 Students attending or graduating from a program after the effective date of the withdrawal of accreditation shall not be allowed to sit for the NCLEX in the District or to be licensed in the District.

- 5606.17 After accreditation has been withdrawn, the controlling institution or owner of the nursing school may apply to the Board for initial accreditation as a new program pursuant to § 5601.
- 5606.18 If the name of the program is changed, the controlling institution or owner shall disclose in its proposal that the Board previously withdrew accreditation, and identify the name of the program under which it was previously operated.
- 5606.19 A program aggrieved by a final decision of the Board may appeal the decision to the District of Columbia Court of Appeals in accordance with the District of Columbia Administrative Procedure Act, D.C. Code §§ 2-501 et seq.

5607 PRACTICAL NURSING EDUCATION PROGRAMS

- 5607.1 A qualified nurse administrator shall direct and implement a practical nursing education program in the District.
- 5607.2 The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the program.
- 5607.3 The nurse administrator shall:
- (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
 - (b) Have a minimum of a master's degree in nursing; or
 - (c) Have a master's degree in education with a baccalaureate degree in nursing.
 - (d) Have educational preparation or experience in teaching, curriculum development, and administration, including a minimum of two (2) years of post-graduate clinical experience; and
 - (e) Have current knowledge of nursing practice at the practical nurse level.
- 5607.4 The nurse administrator shall establish and maintain a practical nursing advisory committee to make recommendations to the program for improvement, to assist in interpreting the program to the community, and to make the program aware of the current concepts in practical nursing education and health trends in the area.
- 5607.5 The advisory committee shall:
- (a) Consist of at least seven (7) members appointed by the Nurse Administrator;

- (b) Be members of the community living or currently practicing in the District who are aware of the acute, long-term care, and community health care needs of the community;
- (c) Include a consumer, a health care administrator, a licensed practical nurse, a licensed registered nurse, a current student or graduate, an educator not associated with the program, and the program's nurse administrator; and
- (d) Meet at least twice each year.

5607.6 The faculty of the practical nursing education program, including clinical faculty members, shall:

- (a) Be currently licensed, in good standing, as registered nurses in the District of Columbia;
- (b) Have a minimum of a baccalaureate degree in nursing, with the majority of the total faculty having a master's degree in nursing; or
 - (1) Current evidence of progress towards a master's degree in nursing; or
 - (2) Evidence of course work; or
 - (3) Certification relevant to current teach role.
- (c) Have a minimum of two (2) years of clinical experience as registered nurses; and
- (d) Have current knowledge of nursing practice at the practical nurse level.

5607.7 There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.

5607.8 The curriculum of the practical nursing education program shall be:

- (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
- (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level;
- (c) Based on sound educational principles; and

(d) Reflective of the theory and application of the nursing process.

- 5607.9 The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- 5607.10 Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives, or outcomes, and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.
- 5607.11 There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.
- 5607.12 The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- 5607.13 The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
- (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
 - (d) Evaluation of the graduates by their employers;
 - (e) Faculty and student evaluation of the program's clinical placements and agencies;
 - (f) Evaluation of the students and faculty, of factors determined by the program, by the clinical facilities utilized for clinical placements;
 - (g) Trending graduation rates;
 - (h) Trending graduate performance on the NCLEX;
 - (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
 - (j) Evaluation of the program objectives or outcomes;
 - (k) Evidence that the program is meeting its objectives or outcomes as well

as the changing needs of nursing and its community;

- (l) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
- (m) Evidence that prior recommendations and evaluation findings have been acted upon.

5607.14 The curriculum shall include didactic instruction in the following:

- (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan for individuals and groups, in:
 - (1) Adult health nursing;
 - (2) Maternal and newborn health;
 - (3) Pediatric nursing;
 - (4) Psychiatric and mental health nursing;
 - (5) Geriatrics; and
 - (6) Community health nursing.
- (b) Basic concepts of interpersonal relations;
- (c) Communication;
- (d) Growth and development;
- (e) Client education;
- (f) Cultural diversity;
- (g) Basic concepts of anatomy;
- (h) Basic concepts of physiology;
- (i) Basic concepts of microbiology;
- (j) Basic concepts of chemistry;
- (k) Basic concepts of nutrition;
- (l) Nursing principles and skills;

(m) Basic concepts of pharmacology, including clinical experience on the administration of drugs;

(n) Basic concepts of the nursing process;

(o) Basic concepts of ethics;

(p) Nursing history and trends; and

(q) Vocational and legal aspects of nursing.

5607.15 Students shall be provided didactic instruction in correlation with the related clinical learning experiences.

5607.16 A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:

(a) The acuity of the patient's needs;

(b) The objectives of the learning experience;

(c) The class level of the students;

(d) The physical placement of the students;

(e) The instructor's teaching methods; and

(f) The requirements established by the clinical agency.

5607.17 The faculty shall develop written objectives for each clinical to be used as a guide for the selection of clinical agencies and student placements.

5607.18 The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5607.20.

5607.19 The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.

5607.20 Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:

(a) Medical nursing;

- (b) Surgical nursing;
- (c) Maternal and newborn health;
- (d) Pediatric nursing;
- (e) Psychiatric and mental health nursing;
- (f) Long-term care; and
- (g) Community health facilities.

5607.21 The total hours of a practical nursing education program shall be no less than sixteen hundred (1600) hours with a minimum of six hundred (600) of the hours being clinical. Skills lab activities shall not be used as a substitute for required clinical hours. For purposes of this requirement, an hour shall be no less than fifty (50) minutes.

5607.22 Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course.

5607.23 When clinical preceptors are used, the following conditions shall be met:

- (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
- (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.

5607.24 The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.

5607.25 The clinical preceptor shall have the following minimum qualifications:

- (a) Be currently licensed, in good standing, in the state in which they are

providing the preceptorship, at or above the level for which the student is preparing;

- (b) A minimum of two (2) years of experience as a licensed nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
- (c) A philosophy of health care congruent with that of the nursing program; and
- (d) Current knowledge of nursing practice at the practical nurse level.

5608 ASSOCIATE DEGREE NURSING EDUCATION PROGRAMS

5608.1 A qualified nurse administrator shall direct and implement an associate degree nursing education program in the District.

5608.2 The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the nursing program.

5608.3 The nurse administrator shall:

- (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
- (b) Have a minimum of a master's degree in nursing; or
- (c) Have a master's degree in education with a baccalaureate degree in nursing.
- (d) Have educational preparation or experience in teaching, and curriculum development and administration, including a minimum of two (2) years of clinical experience as a registered nurse; and
- (e) Have current knowledge of nursing practice at the registered nurse level.

5608.4 The faculty, including clinical faculty members, shall:

- (a) Be currently licensed, in good standing, as registered nurses in the District of Columbia;
- (b) Have a minimum of a master's degree in nursing or a baccalaureate degree with three (3) years experience engaged in didactic teaching;
- (c) Have a minimum of two (2) years of clinical experience as registered nurses; and

- (d) Have current knowledge of nursing practice at the registered nurse level.
- 5608.5 There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.
- 5608.6 The curriculum shall be:
- (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
 - (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level;
 - (c) Based on sound educational principles; and
 - (d) Reflective of the theory and application of the nursing process.
- 5608.7 The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- 5608.8 Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives or outcomes and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.
- 5608.9 There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.
- 5608.10 The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- 5608.11 The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
- (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;

- (d) Evaluation of the graduates by their employers;
- (e) Faculty and student evaluation of the program's clinical placements and agencies;
- (f) Evaluation of the students and faculty, of factors determined by the program, by the clinical facilities utilized for clinical placements;
- (g) Trending graduation rates;
- (h) Trending graduate performance on the NCLEX;
- (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
- (j) Evaluation of the program objectives or outcomes;
- (k) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
- (l) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
- (m) Evidence that prior recommendations and evaluation findings have been acted upon.

5608.12 The curriculum shall include didactic instruction in the following:

- (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan of individuals and groups, in:
 - (1) Adult health nursing;
 - (2) Maternal and newborn health;
 - (3) Pediatric nursing;
 - (4) Psychiatric and mental health nursing;
 - (5) Geriatrics; and
 - (6) Community health nursing.
- (b) Anatomy with a related laboratory experience;

- (c) Physiology with a related laboratory experience;
- (d) Chemistry with a related laboratory experience;
- (e) Microbiology with a related laboratory experience;
- (f) Nutrition and diet therapy;
- (g) Pathophysiology;
- (h) Mathematics;
- (i) Social and behavioral sciences;
- (j) The humanities;
- (k) Nursing history and trends;
- (l) Professional responsibilities;
- (m) Ethics;
- (n) Healthcare economics;
- (o) Cultural diversity;
- (p) Interpersonal relations;
- (q) Group dynamics;
- (r) Nursing leadership;
- (s) Legal aspects of nursing;
- (t) Patient education;
- (u) Pharmacology;
- (v) Theory and application of the nursing process; and
- (w) Knowledge of emerging technologies.

5608.13 The clinical practice component shall be an integral part of the curriculum.

5608.14 Students shall be provided didactic instruction in correlation with the related clinical learning experiences.

- 5608.15 A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:
- (a) The acuity of the patient's needs;
 - (b) The objectives of the learning experience;
 - (c) The class level of the students;
 - (d) The physical placement of the students;
 - (e) The instructor's teaching methods; and
 - (f) The requirements established by the clinical agency.
- 5608.16 The faculty shall develop written objectives for each clinical to be used as a guide for the selection of clinical agencies and student placements.
- 5608.17 The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5608.19.
- 5608.18 The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
- 5608.19 Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:
- (a) Medical nursing;
 - (b) Surgical nursing;
 - (c) Maternal and newborn health;
 - (d) Pediatric nursing;
 - (e) Psychiatric and mental health nursing;
 - (f) Long-term care; and
 - (g) Community health facilities.

- 5608.20 The school or program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression.
- 5608.21 The program shall provide a written rationale for the ratio of clinical hours to academic credits for each clinical. The ratio shall be a minimum of three (3) clinical hours for each one (1) academic credit. Skills lab activities shall not be used as a substitute for required clinical hours.
- 5608.22 Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course.
- 5608.23 When clinical preceptors are used, the following conditions shall be met:
- (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
 - (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.
- 5608.24 The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.
- 5608.25 The clinical preceptor shall have the following minimum qualifications:
- (a) Be currently licensed, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing;
 - (b) A minimum of two (2) years of experience as a registered nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
 - (c) A philosophy of health care congruent with that of the nursing program; and

(d) Current knowledge of nursing practice at the registered nurse level.

5609 BACCALAUREATE DEGREE NURSING EDUCATION PROGRAMS

5609.1 A qualified nurse administrator shall direct and implement a nursing education program in the District.

5609.2 The nurse administrator shall, with the participation of the faculty, be responsible for administration, planning, implementation, and evaluation of the nursing program.

5609.3 The nurse administrator shall:

- (a) Be currently licensed, in good standing, as a registered nurse in the District of Columbia;
- (b) Have an earned doctorate in nursing or a related field;
- (c) Have educational preparation or experience in teaching, and curriculum development and administration, including a minimum of two (2) years of clinical experience as a registered nurse; and
- (d) Have current knowledge of nursing practice at the registered nurse level.

5609.4 The faculty, including clinical faculty members, shall:

- (a) Be registered nurses licensed and in good standing in the District of Columbia;
- (b) Have a master's degree in nursing; or
- (c) A master's degree in education with a baccalaureate degree in nursing; or
- (d) A baccalaureate degree in nursing with a minimum of five (5) years experience engaged in didactic teaching;
- (e) Have a minimum of two (2) years of clinical experience as registered nurses; and
- (f) Have current knowledge of nursing practice at the registered nurse level.

5609.5 There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.

- 5609.6 The curriculum shall be:
- (a) Developed and implemented by the nurse administrator and faculty through an organizing framework which reflects the philosophy or mission statement of the nursing education program;
 - (b) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level;
 - (c) Based on sound educational principles; and
 - (d) Reflective of the theory and application of the nursing process.
- 5609.7 The ratio between nursing and non-nursing courses shall ensure sufficient preparation for the safe and effective practice of nursing.
- 5609.8 Curriculum content, learning experiences, and methods of instruction shall be selected to fulfill program objectives or outcomes and provide opportunities for a variety of learning alternatives appropriate for contemporary knowledge and practice in nursing.
- 5609.9 There shall be an educational rationale for the selection and distribution of courses and for the selection of theoretical and clinical laboratory content in nursing.
- 5609.10 The faculty shall develop and implement a written plan for evaluation of the total nursing program and shall provide for student participation.
- 5609.11 The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:
- (a) Evaluation time intervals;
 - (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;
 - (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
 - (d) Evaluation of the graduates by their employers;
 - (e) Faculty and student evaluation of the program's clinical placements and agencies;
 - (f) Evaluation of the students and faculty, of factors determined by the program,

by the clinical facilities utilized for clinical placements;

- (g) Trending graduation rates;
- (h) Trending graduate performance on the NCLEX;
- (i) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
- (j) Evaluation of the program objectives or outcomes;
- (k) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
- (l) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
- (m) Evidence that prior recommendations and evaluation findings have been acted upon.

5609.12

The curriculum shall include didactic instruction in the following courses:

- (a) Theory and practice in nursing, including the attainment and maintenance of physical and mental health and the prevention of illness throughout the lifespan of individuals and groups, in:
 - (1) Adult health nursing;
 - (2) Maternal and newborn health;
 - (3) Pediatric nursing;
 - (4) Psychiatric and mental health nursing;
 - (5) Geriatrics; and
 - (6) Community or public health nursing;
- (b) Anatomy with a related laboratory experience;
- (c) Physiology with a related laboratory experience;
- (d) Chemistry;
- (e) Microbiology with a related laboratory experience;
- (f) Mathematics;

- (g) Nutrition and diet therapy;
- (h) Pathophysiology;
- (i) Social and behavioral sciences;
- (j) The humanities;
- (k) Pharmacology;
- (l) Nursing research and its applications to nursing; and
- (m) Statistics.

5609.13 The curriculum shall include didactic instruction in the following concepts:

- (a) Nursing history and trends;
- (b) Professional responsibilities;
- (c) Ethics;
- (d) Healthcare economics and policy;
- (e) Cultural diversity;
- (f) Interpersonal relations;
- (g) Group dynamics;
- (h) Nursing leadership;
- (i) Legal aspects of nursing;
- (j) Education and counseling for patients and their families;
- (k) Theory and application of the nursing process; and
- (l) Knowledge of emerging technologies.

5609.14 The baccalaureate degree curriculum shall permit students to choose no less than six (6) credit hours of electives in upper level general education courses during the course of the nursing program.

5609.15 The clinical practice component shall be an integral part of the curriculum.

- 5609.16 Students shall be provided didactic instruction in correlation with the related clinical learning experiences.
- 5609.17 A clinical shall not be composed of more than ten (10) students per clinical instructor and the actual number of students assigned per instructor shall be based on the following:
- (a) The acuity of the patient's needs;
 - (b) The objectives of the learning experience;
 - (c) The class level of the students;
 - (d) The physical placement of the students;
 - (e) The instructor's teaching methods; and
 - (f) The requirements established by the clinical agency.
- 5609.18 The faculty shall develop written objectives for each clinical course to be used as a guide for the selection of clinical agencies and student placements.
- 5609.19 The student shall be assigned only to facilities that can provide the clinical objectives set forth in § 5609.21.
- 5609.20 The school or program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
- 5609.21 Clinical experiences shall provide a variety of learning options that are appropriate for the contemporary practice of nursing in the following areas:
- (a) Medical nursing;
 - (b) Surgical nursing;
 - (c) Maternal and newborn health;
 - (d) Pediatric nursing;
 - (e) Psychiatric and mental health nursing;
 - (f) Long-term care; and
 - (g) Community or public health nursing.

- 5609.22 The school or program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression.
- 5609.23 The program shall provide a written rationale for the ratio of clinical hours to academic credits for each clinical. The ratio shall be a minimum of three (3) clinical hours for each one (1) academic credit. Skills lab activities shall not be used as a substitute for required clinical hours.
- 5609.24 Clinical preceptors may be used to enhance clinical learning experiences after a student has received basic clinical and didactic instruction in the specific area or course.
- 5609.25 When clinical preceptors are used, the following conditions shall be met:
- (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
 - (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.
- 5609.26 The designated faculty member shall be readily available, either directly or by a communication device, when students are in the clinical area.
- 5609.27 The clinical preceptor shall have the following minimum qualifications:
- (a) Be currently licensed, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing;
 - (b) A minimum of two (2) years of experience as a registered nurse providing direct patient care, during the five (5) years immediately preceding the date of the written agreement;
 - (c) A philosophy of health care congruent with that of the nursing program; and

(d) Current knowledge of nursing practice at the registered nurse level.

5610 ADVANCED PRACTICE NURSING EDUCATION PROGRAMS

5610.1 This section shall apply to advanced practice nursing education programs that prepare students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

5610.2 An advanced practice nursing program shall operate within, or be affiliated with, an accredited college or university that is authorized to award graduate degrees or post-graduate degrees.

5610.3 A college or university desiring initial accreditation of an advanced practice program shall submit a proposal to the Board as set forth in § 5601.1(b) to establish an advanced practice nursing education program that prepares students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

5610.4 To be eligible for accreditation, the advanced practice program shall be at the graduate or post-graduate level.

5610.5 There shall be a program coordinator who shall, with the participation of the faculty, be responsible for the planning, implementation, and evaluation of the advanced practice program.

5610.6 The program coordinator shall:

- (a) Be a registered nurse, licensed in good standing in the District of Columbia;
- (b) Have a District of Columbia certificate to practice as an advanced practice nurse in a specialty appropriate to the type of program being administered;
- (c) Have a minimum of a master's degree in nursing;
- (d) Have educational preparation or experience, in teaching and curriculum development or administration at the graduate level;
- (e) Have a minimum of two (2) years of clinical experience as an advanced practice nurse; and
- (f) Have current knowledge of nursing practice at the advanced practice nurse level.

5610.7 The faculty shall:

- (a) Be registered nurses licensed and in good standing in the District of Columbia;
- (b) Have a minimum of a master's degree in nursing or certification; and
- (c) Be qualified through academic preparation to teach the subject assigned and shall meet the standards for faculty appointment by the governing institution.

5610.8 Faculty responsible for clinical management courses or involved in clinical teaching and supervision shall in addition to the requirements of § 5610.7:

- (a) Be licensed or certified in the state in which they practice, to practice as an advanced practice nurse in a specialty appropriate to the type of program being taught;
- (b) Have a minimum of two (2) years of clinical experience as an advanced practice nurse; and
- (c) Maintain clinical practice within the advanced role and specialty.

5610.9 There shall be written personnel policies for nursing faculty and clinical instructors that are in keeping with accepted educational standards and which encourage continuing professional growth and development.

5610.10 The program of study shall be:

- (a) At least the equivalent of one academic year, as determined by the governing institution;
- (b) A minimum of five hundred (500) supervised clinical hours, with a minimum of fifty (50) minutes constituting an hour;
- (c) Developed and implemented by the program coordinator and faculty through an organizing framework which reflects the philosophy or mission statement of the advanced nursing education program;
- (d) Sequentially and logically organized to facilitate student attainment of the knowledge, skills, attitudes, and abilities necessary to achieve the program objectives or outcomes for graduates at that level; and
- (e) Based on sound educational principles.

5610.11 The curriculum content shall include:

- (a) Didactic and clinical learning experiences necessary to meet the program

goals and outcomes;

- (b) Concepts and principles critical to advanced practice nursing;
- (c) Professional and legal implications of the nurse in the advanced practice role;
- (d) Knowledge and skills relevant to practice in the area of specialty;
- (e) Theoretical and clinical role preparation;
- (f) Clinical major courses in the specialty area;
- (g) A practicum, preceptorship, or internship to integrate essential content and the clinical major courses; and
- (h) Separate, advanced level academic courses in:
 - (1) Pharmacotherapeutics;
 - (2) Assessment;
 - (3) Pathophysiology or psychopathology; and
 - (4) Diagnosis and management of problems within the specialty area.

5610.12 For clinical nurse specialist programs, the program shall also meet the following requirements:

- (a) Qualify the graduate for a master's degree in nursing;
- (b) Have a curriculum that contains a minimum of nine (9) semester credit hours, or the equivalent, in a specific clinical major; and
- (c) Have clinical major courses that include didactic content and offer clinical experiences in a specific clinical specialty or practice area.

5610.13 The faculty shall develop and implement a written plan for evaluation of the total program and shall provide for student participation.

5610.14 The data from the evaluation plan shall be utilized for continuous program improvement and shall include the following:

- (a) Evaluation time intervals;
- (b) Student evaluation of their classroom and clinical experiences and recommendations for improvement;

- (c) Measurements of graduate satisfaction regarding the adequacy of the nursing program to prepare them for the scope of their practice;
- (d) Evaluation of the graduates by their employers;
- (e) Faculty and student evaluation of the program's clinical placements and agencies;
- (f) Evaluation of the students and faculty by the clinical facilities utilized for clinical placements;
- (g) Trending graduation rates;
- (h) Evaluation of the methods and tools used to measure the students' cognitive, affective, and psychomotor achievement;
- (i) Evaluation of the program objectives or outcomes;
- (j) Evidence that the program is meeting its objectives or outcomes as well as the changing needs of nursing and its community;
- (k) Recommendations and a planned course of action for program improvement and the correction of identified deficiencies; and
- (l) Evidence that prior recommendations and evaluation findings have been acted upon.

5610.15 Students shall be provided didactic instruction in correlation with the related clinical learning experiences.

5610.16 A clinical instructor shall not supervise more than six (6) students while in the clinical setting and the actual number of students assigned per instructor shall be based on the following:

- (a) The acuity of the patients needs;
- (b) The objectives of the learning experience;
- (c) The class level of the students;
- (d) The physical placement of the students;
- (e) The instructor's teaching methods; and

(f) The requirements established by the clinical agency.

- 5610.17 The faculty shall be responsible and accountable for managing clinical learning experiences of students.
- 5610.18 Supervised clinical practice must include the opportunity to provide pharmacological and non-pharmacological management of diseases and problems considered within the scope of practice of the advanced practice nurse's specialty and role.
- 5610.19 The faculty shall develop written objectives for each clinical course to be used as a guide for the selection of clinical agencies and student placements.
- 5610.20 The students shall be assigned only to facilities that provide students with opportunities to achieve the goals of the program.
- 5610.21 The program shall ensure that its student practice sites contracts with clinical agencies are maintained current and specify the expectations and responsibilities of the parties.
- 5610.22 The program shall develop and implement evaluation methods and tools to be used for measuring students' cognitive, affective, and psychomotor achievement to assure satisfactory progression.
- 5610.23 Clinical preceptors may be used to enhance clinical learning experiences after a student has received clinical and didactic instruction in the specific area or course.
- 5610.24 When clinical preceptors are used, the following conditions shall be met:
- (a) The criteria for selecting a preceptor shall be in writing and shall include the following:
 - (1) The method of selecting clinical preceptors;
 - (2) The plans for orientation of clinical preceptors;
 - (3) The clinical objectives or outcomes of the preceptorship; and
 - (4) A system for monitoring and evaluating the student's learning experiences.
 - (b) The designated faculty member shall retain responsibility for the student's learning experiences and meet periodically with the clinical preceptor and the student to monitor and evaluate the student's learning experiences.
- 5610.25 The designated faculty member shall be readily available, either directly or by a

communication device, when students are in the clinical area.

5610.26 The clinical preceptor shall have the following minimum qualifications:

- (a) Current licensure, in good standing, in the state in which they are providing the preceptorship, at or above the level for which the student is preparing, which shall include physicians;
- (b) Be licensed or certified in the state in which they practice, to practice in a specialty appropriate to the type of program being taught, or
- (c) Have a minimum of two (2) years of clinical experience;
- (d) Maintain clinical practice within the role and specialty; and
- (e) Have a philosophy of health care congruent with that of the nursing program.

5611 PROGRAM CHANGES REQUIRING BOARD NOTIFICATION

5611.1 A program shall notify the Board within thirty (30) days of making any of the following changes to its program:

- (a) Change in the nurse administrator or program coordinator. The program shall submit proof that the new nurse administrator or coordinator meets the requirements of this chapter;
- (b) Change in the length of the program; or
- (c) Change in its national accreditation status.

5612 STUDENTS

5612.1 A program shall make the following available to students:

- (a) A written statement of students' rights and responsibilities including admission, progression, and graduation requirements;
- (b) The opportunity to participate in program development and evaluation;
- (c) A written policy on grievance procedures and a mechanism for resolution;
- (d) Guidance and advisement counseling services; and
- (e) Academic counseling for students who are failing.

5612.2 A program shall determine whether a student possesses spoken and written

competency in English, prior to a student beginning the nursing program. If a student is unable to successfully demonstrate spoken and written competency in English, or is later identified by an instructor as deficient in competency in English, the program shall:

- (a) Offer, or assist the student in entering, an English as a second language program; and
- (b) Require the student to complete the English as a second language program either simultaneously with the nursing program, or prior to entering the nursing program, as appropriate based on the level of the student's competency in English.

5612.3 A program shall have admission standards to ensure that a student possesses the educational skills and competency to successfully complete the nursing education program at that level, prior to a student beginning the nursing program.

5612.4 A program shall not admit a student that cannot meet the program's admission standards.

5613 VOLUNTARY CLOSURE OF A PROGRAM

5613.1 If a program decides to close, the nurse administrator or coordinator shall, at least ninety (90) days before closing:

- (a) Notify the Board of its intent;
- (b) Provide the date and reason for closing;
- (c) Submit to the Board its plan for the disposition of the records of the students, graduates, and faculty;
- (d) Provide to the Board the name and position title of the individual to be responsible for the records, and the name and address of the agency in which the records will be located; and
- (e) Provide evidence to the Board that the program's current students have been given timely notice of the program's intent, and provided assistance for transferring to another nursing program.

5613.2 Upon request, the Board shall provide consultation concerning the closing of a program.

5613.3 If a program fails to comply with the provisions of this subsection, the Board shall not grant accreditation to the owner or controlling institution to operate another

nursing program in the District.

5699

DEFINITIONS

5699.1

As used in this chapter, the following terms have the meanings ascribed:

Act— Health Occupation Revision Act of 1985 (“Act”), effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 et seq.).

Accreditation— Board approval to operate a basic nursing program or advanced practice nursing education program in the District of Columbia that is granted only after specified requirements, standards, and conditions have been met.

Advanced practice program— a post-basic nursing education program at the master’s degree or doctoral degree level, whose purpose is to prepare students for practice as nurse-anesthetists, nurse-midwives, nurse-practitioners, or clinical nurse specialists.

Advanced practice nurse- a registered nurse who has completed an advanced practice nursing education program and has been certified by the Board to practice as a nurse-anesthetist, nurse-midwife, nurse-practitioner, or clinical nurse specialist.

Basic program- a nursing education program at the certificate, associate degree, or baccalaureate degree level, whose purpose is to prepare students for practice as practical or registered nurses.

Board- the Board of Nursing, established by § 204 of the District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1203.02(14)).

CCNE- Commission on Collegiate Nursing Education.

Clinical agency- an agency which provides the facilities for clinical learning experiences in nursing, with the faculty or the clinical instructor of the program responsible for the planning, implementing, and evaluating of the experiences.

Clinical- faculty planned and guided learning activities designed to assist students in meeting course objectives and to apply nursing knowledge and skills in the direct care of patients, including clinical conferences and planned learning activities in acute care facilities, and other community resources. Clinical shall not include skills lab activities.

Clinical preceptor- an individual meeting the requirements of this chapter that is an employee of a clinical agency who works with a nursing student in a clinical

setting to facilitate student learning in a manner specified in a signed written agreement between the agency and the educational institution.

Clinical preceptorship - an organized system of clinical experiences which allows a nursing student to be paired with a clinical preceptor for the purpose of attaining specific learning objectives.

Conditional accreditation- the accreditation status that is granted, for a time period specified by the Board, to a nursing school or program to correct deficiencies when the nursing school or program has failed to meet or maintain the requirements and standards of this chapter.

Controlling institution-a college, university, public agency, or institution responsible for the administration and operation of a nursing school in the District.

Full accreditation-the accreditation status that is granted to a program after the graduation of its first class and after the Board has determined that the requirements and standards of this chapter have been met.

Initial accreditation- the accreditation status that is granted to a newly established nursing school or program that has not graduated its first class. The status is granted after the Board has determined that the standards and requirements of this chapter are being met and continues until after the first class has graduated.

Management course- a course offering both didactic and clinical content in clinical decision making and aspects of medical diagnosis and medical management of diseases and conditions.

National Norm-as published by the National Council of State Boards of Nursing (NCSBN).

NCLEX- National Council Licensure Examination.

NLNAC-National League for Nursing Accrediting Commission.

Nursing process- the problem solving techniques of assessment, planning, implementing, and evaluating a plan of care, which requires technical and scientific knowledge, judgment, and decision making skills.

Nursing school-a school of nursing offering a basic program or an advanced practice program in nursing.

Practical nurse- a person licensed to practice practical nursing pursuant to chapter 55 of this Title.

Registered nurse- a person licensed to practice registered nursing pursuant to chapter 54 of this Title.

Trending-the process of studying or evaluating an observable fact or occurrence over a period of time.

Withdrawal of Accreditation- Board revocation of the approval to operate a nursing education program or advanced practice nursing education program within the District.

DEPARTMENT OF MENTAL HEALTH

THIRD NOTICE OF PROPOSED RULEMAKING

The Director of the Department of Mental Health, pursuant to the authority set forth in sections 105 and 114 of the Department of Mental Health Establishment Amendment Act of 2001 (Act), effective December 18, 2001, D.C. Law 14-56, D.C. Official Code §§ 7-1131.05 and 7-1131.14 (2005 Supp.), hereby gives notice of his intent to adopt the following amendments to rules governing the provision of community-based intervention (CBI) services contained in Chapter 34 of Title 22A of the District of Columbia Municipal Regulations (DCMR), entitled "Mental Health Rehabilitation Services Provider Certification Standards", in not less than fifteen (15) days after the publication of this notice in the *D.C. Register*.

The purpose of these amendments is to make changes to the requirements for certification of specialty providers of community based intervention (CBI) services for children and youth, to amend the eligibility requirements for receipt of CBI and to establish three (3) levels of CBI services. The amendments also clarify the required membership of a CBI team of qualified practitioners.

This notice supersedes the Notice of Proposed Rulemaking that was published on August 25, 2006 at 53 *D.C. Register* 70310 and completed a fifteen (15) day public comment period. Several minor changes were made to these amendments in response to comments to clarify the authorization period for CBI services and further define the population of children eligible to receive CBI services. In view of the limited changes to the amendments as originally proposed, the previous opportunities for public comment and the importance of having regulations in place to differentiate types of CBI services as quickly as possible to ensure that providers have enforceable standards for the delivery of CBI services, the Director finds that there is good cause to reduce to public comment period to fifteen (15) days for this third notice of proposed rulemaking. DMH will also e-mail notice to certified providers of mental health rehabilitation services of the date of publication of this Third Notice of Proposed Rulemaking in the *D.C. Register* together with a copy of these proposed rules.

Title 22A DCMR, Chapter 34 (Mental Health Rehabilitation Services Provider Certification Standards) is amended as follows:

Section 3422 is amended to read as follows:

3422 COMMUNITY-BASED INTERVENTION

3422.1 CBI services are time-limited, intensive, mental health services delivered to children and youth ages six (6) through twenty-one (21). CBI services are intended to prevent the utilization of an out-of-home therapeutic resource or a detention of the consumer. CBI services may be provided at the time a child or youth is identified for a service, particularly to meet an urgent or emergent need during his or her course of treatment.

- 3422.2 Consumers of CBI services shall have:
- (a) Insufficient or severely limited individual or family resources or skills to cope with an immediate crisis; and
 - (b) Either individual or family issues, or a combination of the two, that are unmanageable and require intensive coordinated clinical and positive behavioral interventions.
- 3422.3 There shall be three (3) levels of CBI services available to children and youth. A provider may be certified to offer one or more level(s) of CBI services.
- 3422.4 All levels of CBI services shall consist of the services described in §3422.7, as medically necessary and clinically appropriate for the consumer.
- 3422.5 The CBI provider shall be responsible for coordinating the treatment planning process for all consumers authorized to receive CBI. CBI services shall be delivered primarily in natural settings and shall include in-home services.
- 3422.6 The basic goals of all levels of CBI services are to:
- (a) Defuse the consumer's current situation to reduce the likelihood of a recurrence, which, if not addressed, could result in the use of more intensive therapeutic interventions;
 - (b) Coordinate access to covered mental health services and other covered Medicaid services;
 - (c) Provide mental health services and support interventions for consumers that develop and improve consumer and family interaction and improve the ability of parents, legal guardians, or caregivers to care for the consumer; and
 - (d) Transition the consumer to an appropriate level of care following the end of CBI treatment services.
- 3422.7 All levels of CBI services shall include the following services, as medically necessary and clinically appropriate for the consumer:
- (a) Immediate crisis response for enrolled consumers;
 - (b) Stabilization services to:
 - (i) Reduce family conflict;

- (ii) Stabilize the family unit;
 - (iii) Maintain the consumer in the home environment;
 - (iv) Increase family support; or
 - (v) Assure that the consumer has and is taking prescribed psychiatric medications;
- (c) Environmental assessment to:
 - (i) Identify risk factors that may endanger either the consumer or the consumer's family; and
 - (ii) Assess the strengths of the consumer and the consumer's family;
- (d) Individual and family support interventions that develop and improve the ability of parents, legal guardians or significant others to care for the consumer's serious emotional disturbance;
- (e) Skills training related to:
 - (i) Consumer self-help;
 - (ii) Parenting techniques to help the consumer's family develop skills for managing the consumer's emotional disturbance;
 - (iii) Problem solving;
 - (iv) Behavior management;
 - (v) Communication techniques, including the facilitation of communication and consistency of communication for both the consumer and the consumer's family; and
 - (vi) Medication management, monitoring and follow-up for family members and other caregivers; and
- (f) Coordination and linkage with other covered MHRS and supports and other covered Medicaid services in order to prevent the utilization of more restrictive residential treatment, including one or more of the following activities:
 - (i) Referral of consumers to other MHRS providers;

- (ii) Assisting consumers in transition to less-intensive or more-intensive MHRS;
- (iii) Referral of consumers to providers of other Medicaid covered services (e.g., physician); or
- (iv) Supporting and consulting with the consumer's family or support system, which is directed exclusively to the well-being and benefit of the consumer.

3422.8 CBI Level I services are intended for children and youth who are experiencing serious emotional disturbance with either of the following:

- (a) A documented behavioral concern with externalizing (aggressive or violent) behaviors; or
- (b) A history of chronic juvenile offenses that has or may result in involvement with the juvenile justice system.

3422.9 CBI Level I services shall not be authorized for:

- (a) Children or youth who require the safety of a hospital or other secure setting;
- (b) Children or youth in independent living programs; or
- (c) Children or youth without a long-term placement option.

3422.10 Eligible consumers of CBI Level I services shall have a permanent caregiver who is willing to participate with service providers for the duration of CBI Level I treatment services and be:

- (a) At imminent risk for out-of-home placement within thirty (30) days; or
- (b) Currently in out-of-home placement due to the consumer's disruptive behavior, with permanent placement expected to occur within thirty (30) days.

3422.11 CBI Level I Service providers shall obtain prior authorization of CBI Level I services from DMH for a period not to exceed six (6) months.

3422.12 Re-admission to CBI level I services, after the six-month period, may be considered for prior authorization by DMH in accordance with medical necessity requirements specified by DMH.

- 3422.13 CBI Level I services shall be delivered in accordance with the Multisystemic Treatment (MST) Model. Necessary and appropriate non-Medicaid reimbursable MST therapies shall be reimbursed by DMH and shall not be billed as CBI Level I services.
- 3422.14 Eligible consumers of CBI Level II services shall have any one or combination of the following:
- (a) A history of involvement with the Child and Family Services Agency (CFSA) or the Department of Youth Rehabilitation Services (DYRS);
 - (b) A history of negative involvement with schools for behavioral-related issues; or
 - (c) A history of either chronic or recurrent episodes of negative behavior that have or may result in out-of-home placement.
- 3422.15 CBI Level II services shall not be authorized for children or youth who require the safety of a hospital or other secure setting.
- 3422.16 CBI Level II service providers shall obtain prior authorization of CBI Level II services from DMH for a period not to exceed six (6) months.
- 3422.17 Re-admission to CBI level II services, after the six-month period, may be considered for prior authorization by DMH in accordance with medical necessity requirements specified by DMH.
- 3422.18 CBI Level II services shall be delivered in accordance with the Intensive Home and Community-Based Services (IHCBS) model as adopted by DMH. IHCBS services, activities and interventions that are not required under § 3422.7 shall not be billed as CBI Level II services.
- 3422.19 A consumer shall be eligible for CBI Level III services if the consumer:
- (a) Has situational behavioral problems that require short-term, intensive treatment;
 - (b) Is currently dealing with stressor situations such as trauma or violence and requires development of coping and management skills;
 - (c) Recently experienced out of home placement and requires development of communication and coping skills to manage the placement change;
 - (d) Is undergoing transition from adolescence to adulthood and requires skills and supports to successfully manage the transition; or

- (e) Is an adult parent or caregiver with a clinically significant mental health concern and the parent or caregiver will be parenting a child or youth returning from a residential treatment center within the next ninety (90) days.

3422.20 CBI Level III services shall not be authorized for children or youth who require the safety of a hospital or other secure setting.

3422.21 CBI Level III service providers shall obtain prior authorization for CBI Level III services from DMH for a period not to exceed ninety (90) days.

3422.22 Re-admission to CBI level III services, after the ninety-day period, may be considered for prior authorization by DMH in accordance with medical necessity requirements specified by DMH.

3422.23 CBI Level III services shall be delivered in accordance with the IHCBS model as adopted by DMH. IHCBS services, activities and interventions that are not required under § 3422.7 shall not be billed as CBI Level III services.

3422.24 Discharge from all levels of CBI services shall occur when the consumer's level of functioning has improved with respect to the goals outlined in the IPC and ISSP or the consumer no longer benefits from CBI services. Discharge decisions shall be based on one or a combination of the following:

- (a) The consumer is performing reasonably well in relation to goals contained in the IPC and ISSP and discharge to a lower level of care is indicated (e.g., the consumer is not exhibiting risky behaviors or family functioning has improved);
- (b) The consumer, the consumer's family or caregiver has developed the skills and resources needed to step down to a less intensive service;
- (c) The consumer is not making progress or is regressing, and all realistic CBI treatment options have been exhausted;
- (d) A family member or caregiver requests discharge and the consumer is not imminently dangerous to self or others;
- (e) The consumer requires a higher level of care (e.g., inpatient hospitalization or psychiatric residential treatment facility); or

- (f) The consumer no longer resides in the District.

3422.25 Eligible providers of CBI Level I services shall:

- (a) Meet the specialty service provider requirements in § 3412;
- (b) Be licensed MST providers in good standing and utilize the MST treatment model;
- (c) Have the capacity to provide or arrange for the non-Medicaid reimbursed wraparound services required by eligible consumers;
- (d) Have the capacity to deliver CBI Level I services to four (4) to six (6) consumers for each full time team member; and
- (e) Be available to consumers twenty-four (24) hours per day, seven (7) days per week.

3422.26 Eligible providers of CBI Level II services shall:

- (a) Meet the specialty service provider requirements in § 3412;
- (b) Utilize the IHCBS treatment model adopted by DMH to deliver CBI Level II services;
- (c) Meet CBI Level II training requirements specified by DMH;
- (d) Have the capacity to provide or arrange for the non-Medicaid reimbursed wraparound services required by eligible consumers;
- (e) Have the capacity to deliver CBI Level II services to at least four (4) to six (6) consumers for each full-time team member; and
- (f) Be available to consumers twenty-four (24) hours per day, seven (7) days per week;

3422.27 Eligible providers of CBI Level III services shall:

- (a) Meet the specialty service provider requirements in § 3412;
- (b) Utilize the IHCBS treatment model adopted by DMH to deliver CBI Level III services;
- (c) Meet CBI Level III training requirements specified by DMH;

- (d) Have the capacity to provide or arrange for the non-Medicaid reimbursed wraparound services required by eligible consumers;
- (e) Have the capacity to deliver CBI Level III services to at least four (4) to six (6) consumers for each full-time team member; and
- (f) Be available to consumers twenty-four (24) hours per day, seven (7) days per week.

3422.28 Providers of CBI services shall meet the staffing requirements applicable to the level of services offered in order to render CBI Level I, Level II or Level III services.

3422.29 Providers of all levels of CBI services shall:

- (a) Individually design CBI services for each consumer and family to minimize intrusion and maximize independence;
- (b) Provide more intensive services at the beginning of treatment and decrease the intensity of treatment over time as the strengths and coping skills of the consumer and family develop;
- (c) Provide services utilizing a team approach;
- (d) Maintain appropriate back-up coverage for team member absences and facilitate substitution of team members as necessary;
- (e) Conduct face-to-face transition planning with consumers and families no later than thirty (30) days prior to the anticipated discharge date, including meetings with providers of more intensive or less intensive services;
- (f) Conduct continuity of care planning with consumers and families prior to discharge from any level of CBI services, including facilitating follow-up mental health appointments and providing telephonic support until follow-up mental health services occur;
- (g) Provide all of the components of treatment specified in §3422.7, as appropriate, based on each consumer's needs;
- (h) Provide CBI services with a family-focus;
- (i) Assist the consumer and his or her family with the development of mental health relapse prevention strategies and plans, if none exist;

- (j) Assist the consumer and his or her family with the development of a safety plan to address risk factors identified during the environmental assessment;
- (k) Have policies and procedures included in its Service Specific Policies that address the provision of CBI (CBI Organizational Plan) which include the following:
 - (i) A description of the particular treatment models utilized, types of intervention practiced, and typical daily curriculum and schedule;
 - (ii) A description of the staffing pattern and how staff are deployed to ensure that the required staff-to-consumer ratios are maintained, including how unplanned staff absences and illnesses are accommodated; and
 - (iii) A description of how the ISSP is modified or adjusted to meet the needs specified in each consumer's IPC;
- (l) Directly conduct or arrange for the provision of Diagnostic/Assessment services within thirty (30) days before or after the initiation of CBI services through either an agreement with a CSA or a CSA's affiliated sub-provider. DMH may approve alternative sources to serve as the diagnostic assessment instrument if similar assessments have been conducted within the past twelve (12) months of an individual's referral to CBI services.
- (m) Collect and submit clinical outcome data using the process, timeline and tools specified or approved by DMH.

3422.30 Each CBI Level I team shall include:

- (a) A full-time clinical supervisor;
- (b) A full-time team leader; and
- (c) Four (4) to six (6) CBI clinicians.

3422.31 The CBI Level I team clinical supervisor shall be a Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of two (2) years of post-graduate experience working with behaviorally challenged youth and their families in community-based settings.

- 3422.32 The CBI Level I team leader shall be a Master's level clinician with a minimum of one (1) year of post-graduate experience working with behaviorally challenged youth and their families in community-based settings.
- 3422.33 The CBI Level I team clinicians shall be either Master's level clinicians or Bachelor's level clinicians with a minimum of one (1) year of experience working with behaviorally challenged youth and their families in community-based settings.
- 3422.34 Each CBI Level II team shall include:
- (a) A full-time clinical supervisor; and
 - (b) Four (4) to six (6) clinicians.
- 3422.35 The CBI Level II team clinical supervisor shall be a Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of two (2) years of post-graduate experience working with behaviorally challenged youth and their families in community-based settings.
- 3422.36 The CBI Level II team clinicians shall be either Master's level clinicians or Bachelor's level clinicians with a minimum of one (1) year of experience working with behaviorally challenged youth and their families in community-based settings.
- 3422.37 Each CBI Level III team shall include:
- (a) A full-time clinical supervisor; and
 - (b) Four (4) to six (6) clinicians;
- 3422.38 The CBI Level III team clinical supervisor shall be a Master's level qualified practitioner experienced in providing individual, group, marital or family counseling or psychotherapy in accordance with applicable District laws and regulations, with a minimum of two (2) years post-graduate experience working with behaviorally challenged youth and their families in community-based settings.
- 3422.39 The CBI Level III team clinicians shall be either Master's level qualified practitioners or Bachelor's level clinicians with a minimum of two (2) years of experience working with behaviorally challenged youth and their families in community-based settings.
- 3422.40 Providers of all levels of CBI services shall ensure the availability and provision of alcohol and other drug addiction treatment services as well as services to

facilitate consumers' transition from adolescence to adulthood, as medically necessary for consumers.

- 3422.41 Prior authorization from DMH is required for enrollment in all levels of CBI services.
- 3422.42 CBI shall not be billed on the same day as Rehabilitation/Day Services, Intensive Day Treatment or ACT.
- 3422.43 CBI shall not be billed on the same day as Counseling without the prior approval of DMH.
- 3422.44 CBI shall not be billed on the same day as Community Support unless the Community Support services are provided within thirty (30) days prior to the consumer's discharge from CBI.
- 3422.45 CBI shall be provided in:
- (a) MHRS provider service sites; or
 - (b) Natural settings, including the consumer's home or other community setting.
- 3422.46 Qualified practitioners of CBI are:
- (a) Psychiatrists;
 - (b) Psychologists;
 - (c) LICSWs;
 - (d) APRNs;
 - (e) RNs;
 - (f) LPCs;
 - (g) LISWs; and
 - (h) Addiction counselors.
- 3422.47 All credentialed staff, including recovery specialists, shall be authorized to provide CBI under the supervision of a qualified practitioner as set forth in §3413.3.

3422.48 CBI services shall typically not exceed thirty-two (32) units in a twenty-four (24) hour period. DMH may conduct clinical record reviews to verify the medical necessity of services provided.

Section 3424.4 is amended to read as follows:

MHRS	LIMITATIONS AND SERVICE SETTING	BILLABLE UNIT OF SERVICE
Diagnostic/ Assessment	<ul style="list-style-type: none"> One (1) every six (6) months Additional units allowable when pre-authorized for periodic assessment, pre-hospitalization screening, neuropsychological assessment and re-admission to Rehabilitation/Day Services Shall not be billed the same day as ACT Provided only in a community-based MHRS provider or other community setting, or residential facility of sixteen (16) beds or less 	An assessment, which is at least three (3) hours in duration
Medication/ Somatic Treatment	<ul style="list-style-type: none"> No annual limit Shall not be billed the same day as ACT Provided only in a community-based MHRS provider or other community setting, or residential facility of sixteen (16) beds or less 	Fifteen (15) minutes
Counseling	<ul style="list-style-type: none"> One hundred sixty (160) units per year Additional units allowable with prior authorization by DMH Shall not be billed the same day as Rehabilitation/Day Services, Intensive Day Treatment or ACT Shall not be billed on the same day as CBI, without prior approval from DMH Shall be rendered face-to-face, when consumer is present, unless there is adequate documentation to justify why the consumer was not present during the session May be provided in individual on-site, individual off-site or group Provided only in a community-based MHRS provider or other community setting, or residential facility of sixteen (16) beds or less 	Fifteen (15) minutes
Community Support	<ul style="list-style-type: none"> No annual limits Shall not be billed on the same day as ACT May be provided individually or in a group Provided only in a community-based MHRS provider or other community setting, or residential facility of sixteen (16) beds or less 	Fifteen (15) minutes
Crisis/ Emergency	<ul style="list-style-type: none"> No annual limits Provided only in a community-based MHRS provider or other community setting, or residential facility of sixteen (16) beds or less 	Fifteen (15) minutes

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MHRS	LIMITATIONS AND SERVICE SETTING	BILLABLE UNIT OF SERVICE
Rehabilitation/ Day Services	<ul style="list-style-type: none"> • Prior authorization from DMH required for enrollment • Shall not be billed on the same day as Counseling or ACT • Provided only in a community-based MHRS provider or other community setting, or residential facility of sixteen (16) beds or less 	One (1) day (which shall consist of at least three (3) hours)
Intensive Day Treatment	<ul style="list-style-type: none"> • Seven (7) days • Additional units allowable after seven (7) days or for the second and any additional episodes of care within a twelve (12) month period with prior authorization by DMH • Shall not be billed on the same day as any other MHRS, except for Crisis/Emergency, Community Support or CBI • Up to three (3) hours of Diagnostic/Assessment may be billed during each episode of Intensive Day Treatment • Provided only in a community-based MHRS provider -- Intensive Day Treatment Facility 	One (1) day (which shall consist of at least five (5) hours)
CBI	<ul style="list-style-type: none"> • Prior authorization to the CBI provider from DMH required for enrollment • Shall not be billed on the same day as ACT or Intensive Day Treatment • Shall not be billed on the same day as Counseling, without prior approval from DMH • Shall not be billed on the same day as Community Support, unless the Community Support services are provided within thirty (30) days of discharge from CBI • Provided only in a community-based MHRS provider or other community setting, or residential facility of sixteen (16) beds or less 	Fifteen (15) minutes not to exceed thirty-two (32) units in a twenty-four (24) hour period
Assertive Community Treatment	<ul style="list-style-type: none"> • Prior authorization from DMH required for enrollment • Shall not be billed on the same day as any other MHRS, except for Crisis/Emergency with retrospective authorization 	Fifteen (15) minutes

Section 3499.1 is amended as follows:

The following definitions are added:

“Authorized” - MHRS services that are prior authorized or reauthorized by DMH, in accordance with these standards.

“Behavioral concern” – A behavioral and emotional disorder of childhood and adolescence that manifests by children acting out aggressively, expressing anger inappropriately, and engaging in a variety of antisocial and destructive acts, including violence towards people and animals, destruction of property, lying, stealing, truancy, and running away from home.

“Child and Family Services Agency” or “CFSA” – The District agency responsible for the coordination of foster care, adoption and child welfare services and services to protect children against abuse or neglect.

“Clinical supervisor” – The qualified practitioner responsible for monitoring consumer welfare, ensuring compliance with professional standards of service delivery, monitoring clinical performance and professional development of team members, and evaluating team members for performance, service delivery and credentialing purposes.

“Clinician” – An individual with either a Bachelor’s or Master’s degree in social work, counseling, psychology, family therapy or related social science or appropriate therapeutic experience with the target population. Clinicians are credentialed staff.

“Department of Youth Rehabilitative Services” or “DYRS” - The District agency responsible for providing security, supervision and residential and community support services for committed and detained juvenile offenders and juvenile persons in need of supervision.

“Foster home” – a residence in which a foster parent is licensed by the District to provide care to a foster child in accordance with the requirements of Title 29, DCMR Chapter 60.

“Independent Living Program” – A residential program licensed by the District in accordance with Title 29 DCMR Chapter 63, Licensing of Independent Living Programs for Adolescents and Young Adults.

“Intensive Home and Community-Based Services” or “IHCBS” – an intensive model of treatment adapted by DMH to prevent the utilization of out-of-home treatment resources by emotionally disturbed children and youth.

“Long-term placement option” – either a permanent caregiver or permanent home. A group home or other residential placement is not a long-term placement option.

“Multisystemic therapy” or “MST” – an intensive model of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions.

“Permanent caregiver” – a natural or adoptive family or foster home that has cared for the consumer for at least six (6) consecutive months within the twelve (12) month period immediately preceding the referral for CBI. A group home or other residential placement is not a permanent caregiver.

“Permanent home” – a natural or adoptive family or foster home where the consumer has lived for at least six (6) consecutive months within the twelve month (12) month period immediately preceding the referral to CBI with a permanent caregiver. A group home or other residential placement is not a permanent home.

“Out of home therapeutic resource” – a psychiatric hospital or psychiatric residential treatment facility.

“Prior authorization” – approval by DMH in advance for the initiation of MHRS to a consumer, including the commencement of services such as Diagnostic/Assessment or Crisis Emergency services before a consumer is enrolled in the MHRS program.

“Psychiatric residential treatment facility” – shall have the meaning ascribed in 42 CFR Subpart G, Section 483.352.

“Reauthorized” – having received approval by DMH for the continued provision of medically necessary MHRS that are time-limited, such as Rehabilitation/Day Services, Intensive Day Treatment, CBI or ACT.

“Residential placement” – a psychiatric residential treatment center, group home, independent living program or other residence where children or youth are temporarily receiving services. A permanent home is not a residential placement.

The following definitions are amended to read as follows:

“Community-Based Intervention” or “CBI” – Time-limited, intensive mental health services delivered to children and youth ages six (6) through twenty-one (21) and intended to prevent the utilization of an out-of-home therapeutic resource or a detention of the consumer. CBI is primarily focused on the development of consumer skills to promote behavior change in the child or youth’s natural environment and empower the child or youth to cope with his or her emotional disturbance.

“Medical necessity” or “medically necessary” – those services contained in an approved IRP/IPC reasonably calculated to prevent the worsening of, alleviate, correct, cure, or ameliorate an identified mental health condition that endangers life, causes suffering or pain, causes physical deformity or bodily malfunction, threatens to cause or aggravate a disability, or results in an illness or infirmity. For children through age twenty (20),

services reasonably calculated to promote the development or maintenance of age-appropriate functioning are also considered medically necessary.

All persons desiring to comment on the subject matter of this proposed rulemaking should file comments in writing not later than fifteen (15) days after the date of publication of this notice in the *D.C. Register*. Comments should be filed with Deon C. Merene, Assistant Attorney General, Department of Mental Health, 64 New York Ave, N.E., Fourth Floor, Washington, D.C. 20002 or deon.merene@dc.gov. Additional copies of these rules are available from the Office of the General Counsel, Department of Mental Health.